

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90264 036 \*\*\*138.75

<b>DOCUMENT # L05000032331</b> 1. Entity Name PELICAN FUNDING GROUP, LLC					
Principal Place of Business 1313 PELICAN AVE. NAPLES, FL 34112			Mailing Address <del>PO BOX 11002</del> <del>NAPLES, FL 34102</del>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 990486			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Naples, FL		4. FEI Number 20-4181128	
Zip	Country	Zip 34116	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  STEINBERG, DALE H 1313 PELICAN AVE NAPLES, FL 34112				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBERG, DALE H 1313 PELICAN AVE NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE</b> <b>Paul C. Larsen mgr. 3-17-08 239-352-9939</b>					